

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel Care Home	CHAPTER 100.1
Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797	Inspection Date: December 5, 2023 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

24 JAN 15 10:35 AM
STATE OF HAWAII
DEPARTMENT OF HEALTH
P2:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, and SCG #2- No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1- Setup Fieldprint Account. 2- Answer all questions. 3- Payment of \$ 69.25 with date of receipt. 4- Assigned confirmation of appointment number, date, and time was issued. 5- Go location site - Boost Mobile of Waipahu (it depend you choose) for finger print on date apt. 6- Bring Valid 2 IDs as Fieldprint listed</p> <p>Same procedure for 2 substitute</p> <p>ATTACHED COPIES</p>	<p>JULIET CHO G. Attached NOV. 24, 2022 Last YEAR</p> <p>JULIET G-CHO DEC. 14 and Dec. 18, 2023 at 11:50am</p> <p>JENNER - SUB. G. DEC. 19 & DEC. 26, 2023 at 10:30am</p> <p>Naty.. SUB. B. Dec 20 & DEC. 22, 2023 at 2:30pm</p> <p>24 JAN 16 P2:35</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

Juliet S. Gabriel

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Juliet S. Gabriel

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- Physician discontinued on 11/28/23 for Fluticasone Propionate Nasal Spray, however; resident refused medication from 10/21/23 to 11/27/23 with no response written in progress notes. 2. Resident #2- Resident's weight in December 2022 was 178 pounds compared to current weight of 160 pounds, however; no response to change in condition written in progress notes. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">12/26/23</p> <p style="text-align: center;">24 JAN 16 P2:36</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

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Posted Note of resident's Chart.
 5 Any changes & observations must be completely documented on resident's Progress Notes monthly or more often as appropriate. ————— Juliet S. Gabriel - 01/06/24

Juliet S. Gabriel

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #1- Rates for services and visiting hours were left blank in the General Operational Policy. 2. Resident #2- Rates for services were left blank in the General Operational Policy. <p>PCG corrected at the time of inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>	<p>Dec. 5, 2023</p> <p>24 JAN 16 P 2:36</p>

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Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. GABRIEL

Date: Jan. 2, 2024

STATE OF TEXAS
DEPARTMENT OF
STATE LICENSING

24 JAN 16 P2:36

Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. Gabriel

Date: 01/09/24

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

24 JAN 16 P2:36